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Centre for excellence
for looked after children in Scotland

Overseen but often overlooked: Children and Young People 'Looked After at Home' in Scotland

Report 1: Reviewing the literature

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2014

Acknowledgments

We would like to thank Barnardo's Scotland for providing funding to support the study of which this review forms part. We look forward to working together with Barnardo's and other partners to ensure the information herein is disseminated in useful ways so that there will be real and lasting benefits for children and young people looked after at home.

It is also the nature of any literature review that we are indebted to the authors and participants who produced the original works cited herein. Some of these authors have been kind enough to give further information or advice and this has been instrumental in producing this review.

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1) Introduction and overview

This document is the first report from a study commissioned by Barnardo's Scotland. The study explores experiences, needs and outcomes for children and young people in Scotland who are (or have been) looked after at home (ie subject to a home supervision requirement or order). The research aims to do several things: determine in what ways outcomes for this group differ from their peers, address factors which are unique to this group and which may contribute to any differences in outcomes, and investigate emerging models of practice to support young people who are, or have been, looked after at home.

The study seeks to capture and summarise what is currently known, identify what the needs of this group are likely to be and recommend future actions related to services, policies and research.

This first report details the findings of a comprehensive review of literature sources to identify, analyse and synthesise existing knowledge. The review was systematic inasmuch as the methods are made explicit. However, literature directly focused on home supervision is rare so we have used a two-tiered approach to identify wider material which is likely to throw light on the situation of this group of children and young people.

The review process was influenced by a five-stage approach originally developed for scoping studies (Arksey & O'Malley, 2005). Identification of sources was based on a number of searches and personal requests for recommendations by those with knowledge of the field. The review was not restricted to peer-reviewed sources and other good quality sources were considered where they were sufficiently pertinent.

Documents were screened according to a number of inclusion and exclusion criteria and if selected they were included in the appropriate section of the review: Section A, concerning research which specifically identifies needs, outcomes or characteristics of children and young people looked after at home, or Section B, concerning other research likely to be relevant to the needs, outcomes or characteristics of children and young people on home supervision.

1a) Context of the study

A substantial group of children and young people in Scotland are 'looked after at home'. According to 2013 official statistics, 4759 children were in this position; this represents 30% of all looked after children (Scottish Government, 2014a). Children and young people looked after at home are subject to a Supervision Requirement or a Compulsory Supervision Order but not required to live away from their normal place of residence, for example in foster care or residential care. These are legal instruments unique to the Scottish system. Children who are on home supervision are 'looked after' by a local authority whilst still living at home with a birth parent or relevant person. Home supervision has its roots in the Kilbrandon Report (Scottish Home and Health Department, 1964) and has been in operation since the Social Work (Scotland) Act 1968. Home supervision has been the most commonly used disposal by the Children's Hearings system since its inception in 1971.

Statutory and voluntary sector agencies, as well as national Government, are increasingly aware that children and young people supervised at home represent a unique group. This growing awareness has resulted in calls to identify more effective ways of working with the young people concerned. However,

despite this long history and extensive use, little is known about the use of home supervision or the outcomes of children who are subject to this intervention. The sources that are available tend to highlight an insufficiency of knowledge, often raising as many questions as answers.

There is evidence to suggest that many children are spending a large proportion of their childhood subject to home supervision, suggesting that as an intervention home supervision may often fail to substantially improve the child's situation. Furthermore, sources suggest that these young people are typically 'known to' social work services for a number of years before being placed on compulsory supervision and that their families experience multiple, chronic problems such as domestic violence, drug and alcohol abuse, mental health problems and financial difficulties. Perhaps counter-intuitively, children and young people on home supervision experience a great deal of impermanence, including instability at home, turnover of professionals in their lives and uncertainty as to their future placement. Some will already have spent time away from their parents and all are at some risk of being removed from their parents' care.

Across the sector there appears to be a belief that the needs of children who are subject to home supervision are as significant as those who are 'looked after' away from home. Furthermore, some suggest that decisions on whether children are supervised at home or away from home are somewhat arbitrary; anecdotally, decisions, are influenced by the availability of relevant resources and the perceptions of particular panel members as much as they are determined by the child's needs.

It is believed that young people on home supervision experience a range of poor outcomes relative both to their non-looked after peers and to their looked after and accommodated peers. However, existing research is typically small-scale and fails to explore nuances such as differences between groups of children on the basis of referral grounds, location or whether measures are compulsory or voluntary.

2) Review Methods

The review needed to follow a broadly inclusive approach in order to identify diverse useful material and yet remain systematic, and so, the literature review was conducted according to a number of stages influenced by Arksey and O'Malley (2005). This approach was developed to facilitate scoping studies; the stages as they applied in this review are outlined below:

2a i) Stage 1: Identifying the research questions

A number of research questions were developed for the review, these focused on what is known about this group of children and young people and what is known about groups who have some similarity. The questions were:

- A. Direct evidence
 - a. What is known about the outcomes (or needs, or characteristics) of children and young people looked after at home in Scotland?
- B. Indirect evidence
 - a. Are there other groups of children and young people who may have similar experiences, outcomes, needs or characteristics?
 - b. What is known about the outcomes (or needs, or characteristics) of these groups?

2a ii) Stage 2: Identifying relevant studies

A comprehensive search strategy was developed for three electronic databases: Scopus, Social Care Online and Google Scholar. These databases were selected in order to give breadth and depth of coverage of relevant peer reviewed material and other sources. Key informants were also asked to identify relevant sources, including those that were unpublished and may not be discoverable using electronic searches. Hand searches were also made of reference lists; similarly, where facilitated by the database, note was taken of any relevant newer material citing works which were included in the review.

Search terms were selected and truncated dependent on the requirements of the particular database being searched. Searches generally used Boolean operators to combine terms in order to make results as specific and relevant as could be. Initially large amounts of material were returned that were not relevant and further criteria were added (eg subject areas, etc) to restrict the amount of material that needed to be manually excluded.

Searches were conducted without restricting date periods; however, in order to achieve contemporary relevance we have mainly concentrated our efforts on material published since 2000. Where we have identified older work which remains highly influential and is referred to by several newer works, we have considered its inclusion.

Examples of terms / criteria used

Part A

Child*, 'Young person*' and various synonyms

'Looked after', 'in care', 'state care' and various synonyms

'Home supervision', 'supervision requirement', 'supervision order' and synonyms

Part B

Child*, 'Young person*' and various synonyms PLUS

1) 'edge of care', 'risk of care', 'verge of care', 'home on trial'.

2) Reunif*, 'Returned home', 'home from care'

3) 'trauma*', 'resilli*'

4) 'child protect*', 'safeguard*',

5) neglect*, 'abus*', 'maltreat*',

7) 'parental substance*', 'parental drug*', 'parental alcohol*',

8) 'domestic viol*', 'domestic abus*'

Restrictive criteria were used where required by high numbers of returns including:

Subject area: 'social care', 'social work' and/or NOT subject area 'medicine'

Location: Scottish or Scotland*

Location: UK and component counties

An example of a particular SCOPUS search and the material returned is given in Appendix A.

2a iii) Stage 3: Study selection

This stage involved developing and applying appropriate inclusion and exclusion criteria in order to select appropriate sources:

- Include published and 'grey literature' from peer-reviewed and other sources.
- Include material related to:
 - outcomes, needs or characteristics of children and young people on home supervision,
 - outcomes, needs or characteristics of other relevant groups¹,
 - policies and services provided for children and young people on home supervision.
- Include material focused on Scotland and, where relevant, other geographies
- For Section B, include recent good quality literature reviews where available
- Exclude literature not available in English
- Exclude material which does not present or discuss findings of empirical work, ie original research studies or reviews of the same rather than theoretical or opinion-based sources

¹ Relevant groups were identified on the basis of findings of Section A

- Exclude material published before 2000 (excepting relevant legislation or guidance currently in effect and 'seminal works', ie those referenced by more than one post-2000 source)

The abstracts and/or introductory information about each study was scrutinised to ensure fit with the inclusion criteria and exclusion requirements, and full text documents were obtained for all works to be included. If there was doubt, a decision was made after sight of the full text, where necessary in consultation with colleagues.

2a iv) Stage 4: Charting the data

Information was systematically extracted and recorded from each text. For Section A this was achieved using a framework covering publication details, publication types, study location, study methods, study population, sample details, outcomes measures, key findings and quality notes. For Section B annotated notes were kept.

2a v) Stage 5: Collating, summarising and reporting the results

Information has been reported in two main findings sections; Section A reports empirical studies which directly focus on the service for or outcomes, needs or characteristics of children and young people looked after at home; this is predominantly presented per source. Section B reports information thematically, by various groups of children and young people and discusses where this evidence might shed light on likely experiences or outcomes for children on home supervision.

3) Findings: Section A

A small number of sources focus on children on home supervision; this includes papers which could be considered theoretical ‘think piece’ documents rather than those reporting empirical (data-based) studies. Only four research studies were found to substantially focus on this group and include original research work; these four studies are detailed in this section. We also include a small number of studies which, within the context of a wider topic-based study, include some specific information about children on home supervision. In addition, we include one short briefing paper which summarises the nature of home supervision and details some relevant evidence from other sources including emerging information findings from one study which is as yet unpublished.

The four main original studies included in this section of the review varied considerably in size, scope and intent; they comprise one study commissioned by the Scottish Executive, two PhD studies and one recent analysis of data held by SCRA². We discuss the findings of each of these studies in some detail below; they are presented in order of publication date.

3a) Murray et al.’s study 2002:

Children (Scotland) Act 1995: Home Supervision (full report)

One study was commissioned by the Scottish Executive and focused on several aspects of home supervision. The study is described in a report and a briefing (Murray, Hallett, McMillan, & Watson, 2002a, 2002b) and is discussed further in a peer-reviewed journal paper (Murray, 2006). Data included in the study was derived from:

- Nationally available secondary data regarding 5,683 children looked after at home;
- Reviews of 189 social work files for children looked after at home;
- Questionnaires returned by key informants related to these 189 cases. This included decision makers [Reporters (n=128) and Panel Chairs (n=98)] and various professionals [teachers of school aged children (n=105) and social workers (n=89)]; and,
- Interviews conducted with some of the 189 families (n=20).

National data showed that the children looked after at home were referred to the Reporter on grounds of care and protection (48%), mixed grounds (17%), non-attendance at school (16%) grounds related to offences (14%) or other grounds (4%) such as being beyond control; in a small number of cases grounds were not recorded (Murray et al., 2002a, p. 28). It is noteworthy that overall offence grounds were cited (singly or mixed) in less than a quarter of cases and were never used below the age of eight years (Murray et al., 2002a, pp. 28-29 see Table 3.6).

² Scottish Children’s Reporter Administration www.scra.gov.uk

The study found differences in the use of home supervision for boys and girls. In general terms, a higher proportion of boys than girls were referred for grounds related to offences or mixed grounds, whilst girls were more likely to be referred on care and protection grounds, for non-attendance at school or 'other' such as being beyond [parental] control (Murray et al., 2002a, p. 28 see Table 3.5).

Home supervision resulted from the first referral to the report for 45% of the children looked after at home; more boys (60%) than girls (49%) had experienced one or more previous referrals to the Reporter (Murray et al., 2002a, p. 31 see Table 3.11). Data available for more than 3000 children showed that most (75%) had not had a prior period of supervision (Murray et al., 2002a, p. 31 see Table 3.12).

Supervision requirements were started at all ages from 0-17 years with around one third being initiated for children aged 12-14 (Murray et al., 2002a, p. 27 see Table 3.3). Perhaps related to this, less than one fifth of the orders at the time of the study had been in place for three years or more. Overall there was an excess of boys (61% overall) and, in each age band presented, boys outnumbered girls. However, in terms of the percentage of the total for each gender there are important differences. In particular, boys tend to be older than girls, eg of all girls on home supervision, those in the 0-7 age totals 34%, this contrasts to boys, of whom only 25% are in this age range (Murray et al., 2002a, p. 26 see Table 3.2).

Most children (95%) looked after at home had not previously been looked after away from home. Of those that had, most had been looked after in foster or kinship care although those aged 12 or older were more likely to have been looked after in residential care (Murray et al., 2002a, p. 29 see Table 3.8).

Whilst being looked after at home, there were high rates of re-referral to the Reporter (64% experienced one or more re-referrals); this was especially true for boys (69% experienced re-referral). Of those originally referred on offence grounds, a high proportion (79%) of re-referrals also included offence grounds (Murray et al., 2002a, p. 30 see Table 3.10).

Using data related to 189 children from the file audits, questionnaires and interviews, the study found that children looked after at home often faced a number of adversities and disadvantages including domestic violence, parental drug and alcohol use, social housing, housing problems, parental unemployment, poverty, financial problems and parental poor health (mental and physical).

Within this smaller sample (189) there was a higher than expected rate of lone parent families (46%) and also a high rate of larger families (33% lived in families with three or four children). In terms of housing 85% of the sample families lived in local authority housing, this compared to a contemporary national rate of 25% (Murray et al., 2002a, p. 35). Less than five percent lived in owner-occupied housing; the remaining families lived in privately rented accommodation or housing association properties or were homeless.

Extremely low rates of employment were found for these families, with only 27% having one or more parent in employment (this was compared to a national average at the time of 69% for women and 75% for men) (Murray et al., 2002a, p. 37).

These families had often been involved with social care prior to the supervision order (86%), many of these on a voluntary basis. Brief analyses of these earlier contacts with social care showed that these families faced complex, multiple and enduring problems including violence, substance misuse, offending, mental health problems, suicide attempts, parental deaths, poor living conditions, eviction and homelessness, poverty and various substantiated and unsubstantiated allegations of abuse and neglect (Murray et al., 2002a, pp. 39-40). Many of these problems persisted during the period of home supervision. The study

suggests that achieving positive changes to these circumstances was seen as difficult, such that these multiple and complex problems were sometimes seen as being intractable.

Major issues found (those affecting more than 20% of families) in a table:

Table 1: Issues affecting parents/carers during the period of home supervision (in addition to the grounds of referral)

Issues	Female carer (n=175)		Male carer (n=88)	
	Number	%	Number	%
Financial problems	82	47	28	32
Housing problems	75	43	21	24
Physical health	42	24	17	19
Mental health	42	24	6	7
Domestic violence (victim)	38	22	0	0
Alcohol misuse	34	19	24	27
Drug misuse	31	18	20	23
Housing problems	75	43	21	24

(from Murray et al., 2002a, p. 40 see Table 4.1)

The authors had difficulty in determining the formal purposes behind home supervision due to a lack of care plans. Other sources such as reports and meeting minutes suggested these were often (86%) related to the grounds for referral; however, the aims of supervision were often unspecific (especially in relation to offending) and often did not describe in detail the work which would be done to achieve these aims.

Supervision requirements included a range of additional conditions for 44% of cases; these included specifications of where the child must live, who they must and must not have contact with, attendance at an educational establishment or nursery / family centre and /or compliance with appointments, interventions or assessments (Murray et al., 2002a, p. 42).

Despite it being mandatory for children looked after at home, the authors found that only 17% of the 189 children in their sample had a current care plan (Murray et al., 2002a, p. 43). Furthermore there was a high level of variation in the contents of the 32 care plans that were identified:

... apart from the child's name, which was in all the plans, the two most frequently included items were the immediate plans for the child, which were recorded in 31 of the 32 care plans (97%) and how the objectives of home supervision were to be achieved, which were in 29 plans (91%) (Murray et al., 2002a, p. 45).

Murray et al. also examined the support delivered as part of home supervision. They note that frequently the first visit to the family did not take place within the mandated two-week period (Murray et al., 2002a, p. 46 see Table 4.3). They also note that a high proportion of families experienced prolonged periods without an allocated social worker. When examining services and support received across a year, the authors note that:

Forty-two of the 189 cases had a period of months during the year leading up to the annual review in which there had been no social worker attached to the family. This

includes a few cases which were nominally held by team leaders or senior social workers in which some intermittent activity (such as the preparation of reports for children's hearings) was evident, but there was no ongoing input by a social worker. In 34 of the 42 cases, the period during which there was no social worker varied from 4-10 months. In 8 of the 42 cases, there had been no social worker allocated from the last children's hearing up to the annual review in 2001/early 2002... (Murray et al., 2002a, p. 49)

Most (around three quarters) of the un-allocated families were found to be in four local authorities, suggesting that there is a high level of variation in practice across Scotland.

During a three-month period, social workers made 659 face-to-face visits and 246 telephone contacts to 112 families for whom information was available. Thus on average families received one face-to-face visit every fortnight. Panel members (59%) and social workers (69%) most often felt that the level of social work contact was appropriate, although some panel members (39%) and a few family members complained of insufficient contact (Murray et al., 2002b, p. 1). Social work time allocation was the area most often highlighted as requiring improvement by various informants in the study.

Many case files also contained evidence of interagency contacts by letter or telephone; this frequently involved contact between social workers and schools or family solicitors. In addition, contacts were noted with health providers, and providers of financial support including voluntary provision.

Many families (70%) also received services in addition to social worker contacts. These additional supports included those provided directly by social service departments ['in home family support', 'group work', 'intermediate treatment', 'respite', 'transport', 'family centres' and 'financial support'] and others provided by wider services [educational support, voluntary support, drug and alcohol services, psychiatric services, and other health provision] (Murray et al., 2002a, pp. 46-47). The authors feel that it is likely that the case files under-report aspects such as universal services or multi-agency provision.

Finally, Murray et al. focus on the outcomes of home supervision. In the main the outcomes covered are those connected with the ending of the supervision requirement and/or the grounds for referral. They suggest the outcomes of home supervision were generally positive; information contributing to this finding includes:

- Local authority key informants (83%) felt that home supervision was effective.
- Panel members (52%) considered home supervision to have been good or excellent.
- Teachers (44%) reported general improvements for children during home supervision.
- Social workers (87%) felt that the objectives of home supervision were partly or fully met.
- Most families were satisfied with social work provision and valued the practical resources that this could facilitate.

(Murray et al., 2002b, p. 5)

In terms of disposal outcomes, the authors found that, at the annual reviews for these 189 children, a decision was made either to continue supervision at home or to terminate the requirement in all except one case. The one case which differed from this pattern was a child placed into a foster placement.

There were found to be a number of underlying reasons for terminating supervision requirements. These included both progress being made and failure to make progress. In most cases sufficient progress made by the child or parent was seen as indication that the supervision requirement was no longer needed. However, in cases where the child or family were regarded as resistant to intervention or where social care services were not being provided effectively, it was also considered appropriate to terminate the compulsory requirement, sometimes with a package of voluntary support being offered.

From -on plan to provide ongoing support to 29 families (Murray et al., 2002a, p. 55).

The study found that there was a high level of agreement between panel decisions and the recommendations made by the social worker; in only five cases did the panel decide to pursue a different course of action to the social worker's recommendation. In these cases the panel chose not to terminate the supervision requirement despite the social worker's recommendation to do so (Murray et al., 2002a, p. 55).

For outcomes in terms of grounds for referral, 90% of key informants indicated that home supervision was fairly or very effective in care and protection cases; this compared to 70% of key informants in relation to children referred on grounds of offending. For those referred on grounds of non-attendance at school, key informants were less strongly in agreement; none felt home supervision had been very effective, 43% felt it had been fairly effective and 47% indicated that it was either not very or not at all effective. Panel members tended to confirm this hierarchy, ie that home supervision was most effective for care and protection cases and least for non-school attendance (Murray et al., 2002b).

The authors suggest that high priority is placed on care and protection work and that the resultant additional attention and resources account for the greater apparent success in these cases. Some social workers and Reporters questioned the appropriateness of home supervision for children referred on grounds of non-attendance at school, suggesting instead that responsibility for appropriate intervention should rest with education departments.

3b) McClung's study 2008:

Could Do Better! How Key Factors Influence the Educational Achievements of Children Looked After at Home and Away from Home in Two Local Authorities in Scotland.

This PhD study focused on educational outcomes for children looked after at home, children looked after away from home, and care leavers and is reported and discussed in a thesis and subsequent papers (McClung, 2008; McClung & Gayle, 2010, 2013). The study examined data from two large local authorities along with a qualitative investigation of children's experiences of education and care. The study found evidence that children who were looked after had less favourable educational outcomes than the general population and that they suffered from discrimination at school and in their communities. In particular, in respect of children and young people looked after at home, the study showed that they performed less well than other groups of looked after children. Here we extract and summarise only the main findings of the study in respect of children on home supervision.

In summarising the literature related to education, McClung and Gayle (2010, p. 409) point out a number of important factors: that the adversities which may lead to a child becoming looked after are also likely to predict poor educational outcomes; that looked after children in general achieve less well than their peers,

even if they attend school regularly; and, that the features of looked after systems often exacerbate rather than ameliorate poor educational performance.

The particular features which apply to children looked after at home include instability (possible moves of home and school, uncertainty about future care), lack of sufficient support and encouragement both from home and school, various ongoing adversities in the home and community, and failure of care systems to work in partnership to address poor emotional and physical health or low educational achievement (McClung & Gayle, 2010, p. 410). McClung suggests that for looked after children to be able to access their right to education, special efforts need to be made to compensate for earlier disadvantage.

McClung's study adopted a mixed methods approach, including amassing a large database (n= 1407) of official and administrative data related to looked after young people (aged 15 or more) who were discharged from care over a five-year period in two large Scottish local authority areas. Information was available on both care and educational variables. In addition, McClung gathered information about care and educational experiences through detailed interviews with 30 looked after children and care leavers in one authority. The sample was selected purposively to reflect the population of looked after children in that authority. The sample for this part of the study included: 19 males, seven care leavers, 14 young people looked after in residential placements, and nine looked after either at home or with a foster carer. Eighteen of these young people attended mainstream school and 12 attended special educational provisions including residential schools, and education units in secure placements. Half of the young people interviewed were aged 11-15 years and half were aged 16-19 years. Interviews covered a range of areas such as care history, experiences of school, teachers and school peers as well as various aspects of disadvantage and exclusion.

Results from analysis of the quantitative database suggested that children looked after at home performed less well than both other looked after children and the general population at all SCQF³ levels. At higher levels, (Level 5 or above) the study showed that children in residential care performed as poorly as those looked after at home. In addition, other factors such as age at becoming looked after, gender, and reason for becoming looked after were also found to be associated with achievement at some levels but not others.

The results of these analyses show that children who were aged over 12 years when they become looked after were more likely than younger children to be placed 'at home'. This is important as it was also seen that children who became looked after at younger ages tended to achieve more highly than those looked after above the age of 12. The authors suggest that this may be because those looked after at a younger age are likely to benefit from more settled experiences in foster care than those who remain at home (McClung & Gayle, 2010, p. 413).

In terms of achievement of English at SCQF Level 4, children looked after at home performed less well than those from other placement types. In terms of achievement of both English and Maths at Level 4, children in residential care performed as poorly as those looked after at home. The study also found that children

³ Scottish Credit and Qualifications Framework. See www.scqf.org.uk/

looked after at home were less likely than other looked after children to succeed in gaining a place on a foundation level college course or 'low-level employment' (McClung & Gayle, 2010, pp. 414 - 415).

The authors suggest that some of these results may be attributable to the fact that older children experiencing problems at school may be particularly likely to become looked after at home. It is clear from these findings that being looked after at home is strongly associated with poor educational attainment but McClung and Gayle suggest that this may be attributable to the wider characteristics of children as to their placement type (McClung & Gayle, 2010, 2013). As with Murray, McClung and Gayle question the appropriateness of home supervision for reasons of non-attendance at school (McClung & Gayle, 2010, pp. 414-415).

The study also analyses data from interviews with looked after children. Findings from this aspect of the study highlight the importance of supporting looked after children (at home or in residential care) in their attempts to make and sustain friendships with their school peers (McClung & Gayle, 2010, p. 417). Other issues are noted which affect all looked after children, including high rates of exclusion, bullying, changes of school and the stigma of being looked after, with the latter being particularly acute for children from residential care.

It was also found that some services designed to offer additional support for looked after children (eg with homework) often explicitly excluded those who were looked after at home. This was problematic as the children who were looked after at home often reported a number of disadvantages which may have been helped through these opportunities. For example, although there was sometimes a quiet place to study at home, they reported that they did not do so; they were less likely than other groups to have access to a computer for home study and of all the children who reported not having books at home to support their study, all were those who were on home supervision (McClung & Gayle, 2010, p. 418).

3c) Gadda's Study 2012:

Looking After Young People? An Exploratory Study of Home Supervision Requirements in Scotland

A second PhD study was concluded in 2012. The aims of this study were exploratory, seeking to understand home supervision's meanings and purposes for different groups of people including young people, parents and social workers. It also considered how the relationships between these different stakeholders were negotiated and the impact this had on what home supervisions could achieve.

The study used a multi-method approach which analysed data obtained from SCRA in respect of young people aged 12-15 who were the subject of a home supervision requirement for 12 months or more and living in a large Scottish Local Authority. Information related to 98 young people was included in this analysis. These data detailed various aspects of involvement with the hearings system and paralleled many of the analyses that Murray had conducted for a national sample a decade earlier. From this larger sample a number of cases were analysed in more detail. This included conducting in-depth interviews with 10 young people, 10 social workers and 10 parents / relevant persons. In addition, documentary analysis was conducted on the contents of 11 young people's social work case files. Data from these interviews were analysed thematically to explore how individuals experienced and made sense of their worlds; this included examining the meaning they attached to home supervision.

As with Murray's study, it was found that there was a significant difference between policy stipulations and real-life practice; for example, Gadda found that many young people had no 'formal' care plan, despite this being a requirement. Instead they had 'informal' care plans that were broad and vague in nature. Similarly evidence in case files (or the lack of it) suggests that practice may have deviated from regulations in respect of frequency of reviews, and furthermore that even within this single city context there was considerable variation in practice between the approaches taken by different social workers or for different children (Gadda, 2012, p. 260). She argues that these deviations in practice take place in a context of limited resources where social workers have to make decisions as to how to rationalise services.

It is suggested that there may be a tendency for social workers to view young people on home supervision as having less urgent needs, resulting in fewer services being made available to them, a point which accords with Murray et al. (2002a). Both authors highlight evidence which suggests that needs are equally acute and Murray further considers that those on home supervision have special vulnerabilities, an issue also alluded to briefly elsewhere (Lerpiniere et al., 2013; K. McGhee, Lerpiniere, Welch, Graham, & Harkin, 2014; Murray et al., 2002a).

In light of this evidence, Gadda argues that:

... the often made distinction between children who are 'looked after' away from home and children who are subject to a [home supervision requirement] is, at best, unhelpful, at worse misleading, because it gives the false impression that these are two distinctive groups of children with different needs (Gadda, 2012, p. 261).

Gadda finds that home supervision is primarily constructed with reference to the concept of 'risk', both risk to the individual child and the risks that the child (or family) pose to society. This meant that in order to gain support for families, factors which might otherwise have been seen as 'needs' had to be re-presented as 'risks'. Whilst these resources and interventions could at times be protective or supportive, the processes of securing them required 'labelling' the young person which itself was harmful:

By recording young people's actions as 'anti-social', 'offence' and/or 'risk-taking' behaviour we are therefore inscribing on them the characteristics which comes with these labels. Once their actions have been framed under these labels they will be expected to act in certain ways and any subsequent analysis of their actions will be made with reference to these labels. Young people internalised some of these expectations towards them, but also contested and subverted them (Gadda, 2012, p. 265).

In terms of the characteristics of young people on home supervision, Gadda notes a range of problems and vulnerabilities similar to those of other looked after children. She finds that the families in her study experienced overlapping, multiple chronic adversities (Gadda, 2012, p. 262). She highlights a number of these, including:

- Current social housing,
- Lack of parental employment,
- Current or previous experience of poor housing and/or homelessness,
- Financial challenges and long-term dependency on state benefits,

- Fluidity of household composition with frequent disruptions and separations,
- Instability in terms of home location, sometimes with changes of school,
- Lack of social networks of support
- Instability in terms of professional involvement,
- Drug and alcohol misuse (adults and child),
- Mental health problems (adults and child),
- Domestic violence,
- Offending.

Most of the families included in the study had been known to social services for a number of years and Gadda questions what might be the impact on children and families of being under ‘the professional gaze’ for considerable periods of time. Indeed, some social workers reported that families perceived social work interference as ‘perfectly normal’ (Gadda, 2012, pp. 262-263).

Young people and parents displayed complex views of home supervision. Clearly this is something that they resisted and resented, feeling that it was intrusive and recognising that it cast them in a negative light. At the same time, many appreciated some forms of support that supervision enabled them to access and many wanted more of this type of assistance.

Gadda discusses the various ways to see the role for supervision, focusing on its ability to identify some families as being outside the bounds of ‘normal’ and inscribing them with questionable moral identity. She argues that this process legitimises surveillance and intervention in family lives. One young woman in the study described supervision as:

... under a close eye. Like, you are getting watched and supervised for no good reason. Well, some people benefit but not me. I don't need it and my wee brothers don't need it (Gadda, 2012, p. 275).

As this quote illustrates, most young people, and parents, in the study felt that the supervision was intrusive and unnecessary resulting in their resistance against social work involvement. Gadda goes on to highlight that non-engagement with social work was a ‘dangerous strategy’ for young people and parents as it may result in more punitive measures being applied and further questioning of their moral integrity (Gadda, 2012, p. 265).

3d) Henderson et al.’s study 2014:

Children whose first Supervision Requirements or Orders are at home with their parent(s)

One recent initial analysis has been published by SCRA⁴ (Henderson, Black, & Lamb, 2014). This paper reports a preliminary analysis of data held by the administration in respect of children whose first supervision requirements or orders were at home. The intent of this analysis was to identify where further

⁴ Scottish Children’s Reporter Administration. See www.scra.gov.uk

research was required to inform policy to improve outcomes for this group. The cases analysed comprised 2805 children who had their first supervision requirement during a 12-month period in 2009-10. Data gathered for these children over the subsequent period (up to 45 months) were included in the analysis (Henderson et al., 2014, p. 3).

It was found that the 2805 children and young people looked after at home represented 67% of all children who had their first supervision requirement during 2009-10. The proportion of children with first supervision requirements who were placed at home was seen to vary with the age of the child. Younger children were less frequently placed at home, eg 31% for babies age <1 year, more than 60% at age 1-2 and more than 80% for those over the age of 12 (Henderson et al., 2014, p. 4 see figs 1&2).

Grounds for referral were investigated for the 2805 children. The most frequent were 'lack of parental care', this was cited for 1465 children and was particularly prevalent for younger children, being the most frequently cited grounds for all children aged 11 and under. The next was 'not attending school' (n=583); this category again varied with age, unsurprisingly being non-existent in pre-school age children, relatively rare in children aged 5-11 but being the most common grounds for those aged 13 and 14. There was a similar pattern observed with the grounds of 'committed an offence' (n=387) which was the fourth most common, being non-existent in children 8 and under, rare in children 11 and under, and yet the second most common grounds for 14-year-olds and the most common for 15-year-olds. The third most common grounds was 'victim of a Schedule 1 offence' (n=469); this was the second most common ground for children aged 11 or less and showed a steady decline from a peak at age 1 year. The fifth most common ground was 'beyond control' (n=304); this does not seem to have been used for children aged 6 or less and is relatively rare with those aged 11 and less, peaking between the ages of 13 and 15. Other grounds were cited fewer than 100 times each; this included misuse of alcohol or drugs which was cited for only 38 of the 2805 children. Some were referred with two or more grounds (Henderson et al., 2014, p. 5 see Table 1 and Fig 3).

During the follow-up period (45 months), 1725 (62%) of the 2805 children had at least one further referral to the reporter. Some children had multiple referrals, potentially on a range of grounds and/or several referrals on one ground. Grounds most often cited were: 'committed an offence' (n=709), 'lack of parental care' (n=681), victim of Schedule 1 offence (n=656), 'beyond control' (n=357), 'moral danger' (n=166), 'not attending school' (n=136) and 'misused alcohol or any drug' (n=104). Other grounds for further referrals were cited less than 100 times each (Henderson et al., 2014, p. 7 see Table 2).

Of the children who had further referrals to the Reporter, the most common ages were 14 and 15; jointly these accounted for 57% of children and young people with further referrals. In terms of specific grounds, in ages 0-8 the most common grounds for further referral was 'lack of parental care', followed by 'victim of Schedule 1 offence'. 'Committed an offence' was the most common grounds for further referral in ages 13-17; the second most common in this group was 'beyond control'. In ages 9-12 there is a transition from a predominance of grounds related to the behaviour of parents and adults, to those related to the behaviour of the young person themselves (Henderson et al., 2014, p. 8).

Reporter decisions in relation to these further referrals were most commonly not to refer on to the Hearing; in other cases it was found that there was insufficient evidence to go forwards. Where they were referred to the Hearing, this was most often on grounds of 'committed an offence' or 'lack of parental care'.

Of those 2805 children and young people whose first supervision was at home, variations were made to the requirements for 779 (28%) during the follow up period. Most of these children were placed either in kinship arrangements (n=378) or foster care (n=347). At the end of the study follow-up period, 870 children remained on a supervision order (31%); most of these were supervised at home (n=466). Others were supervised in foster care (n=186) or kinship care (n=126) (Henderson et al., 2014, p. 10).

Supervision requirements were ended for some children. Most children were still on home supervision when their requirements were ended. Of the 2805 children in the study, 60% had supervision requirements for at least one year, with a proportion being ended at one year. By the end of two years, 55% had been terminated. Most often children were aged 15 or 16 when their supervision requirement was ended (Henderson et al., 2014, pp. 11-12).

A number of other measures were put in place in relation to this group of 2805 children; this included Place of Safety Warrants (n=348), non-disclosure orders (n=221) and smaller numbers of Child Protection Orders and Secure Authorisations.

3e) Other original studies which reference children on home supervision

In addition to the four studies identified which focus completely or substantially on home supervision, a number of studies were identified that referred more briefly to children looked after at home.

One early example is provided by J. McGhee and Waterhouse (2002), who gathered data in the mid-1990s to explore the provision of family support to children engaged with the Hearing System. This study has some relevance but is now a little dated, hence only brief reference is included. The authors concluded that compulsory supervision was used in order to secure support for families in need whereas the original intention had been to facilitate early intervention and access to family support through voluntary routes (J. McGhee & Waterhouse, 2002, p. 278). They attributed this to rising levels of need and resource restrictions that meant that without compulsion, families did not receive a service, even when there were significant welfare concerns (J. McGhee & Waterhouse, 2002, p. 280).

One more recent study addressed sexual exploitation of looked after children in Scotland (Lerpiniere et al., 2013). This study was a mixed methods study which used a number of different qualitative and quantitative approaches including social work case audits for 339 children and an online Delphi study of expert views from more than 30 subject experts in the field. The case audit included a question about placement type which had the ability to identify children and young people looked after at home and support analyses to identify differences for this group. The final results for the case audit are reported in an annex to the main report (Welch & Lerpiniere, 2014). The online Delphi study also included questions about the needs of children looked after at home in order to capture expert opinion on the position of these children. The findings of this study are reported in the main report for the study (Lerpiniere et al., 2013).

Twenty five percent (n=85) of the children in the case audits were found to be looked after at home; this included very young children and older young people (Welch & Lerpiniere, 2014, p. iv). Three of these children were known to have been sexually exploited; seven children looked after away from home were also known to have been sexually exploited (Welch & Lerpiniere, 2014, p. v). Sexual exploitation can be

difficult to identify and therefore the case audits also sought to identify cases where there was strong or some suspicion of exploitation. The prevalence of sexual exploitation (confirmed or suspected) was found to be 9% for children or young people looked after at home, and 12% for children and young people looked after away from home. The difference was not found to be statistically significant (Welch & Lerpiniere, 2014, p. vi). All of the children on home supervision who were sexually exploited were girls aged 14-16. The findings are based on small numbers but suggest that for girls aged 14-16 who were looked after at home, 25% were confirmed to have been sexually exploited and that this was suspected for a further 25% (Welch & Lerpiniere, 2014, p. vii).

The study also conducted various further analyses of these data to identify important differences between groups of children, as this was potentially relevant to their risk and experience of sexual exploitation. In respect of similarities and differences between those looked after at home and those away from home it found:

Children on home supervision and those looked after away from home were statistically indistinguishable from each other in terms of:

- Gender,
- Age,
- Going missing,
- Gang involvement,
- Misuse of alcohol or drugs,
- Additional needs (SEBD),
- Underage sex,
- Exposure to grooming and CSE.

Children looked after at home were more likely than children looked after away from home to:

- Be from a BME background ($p=0.042$).
- Have been subjected to damaging levels of violence in the last year ($p=0.034$),
- Have witnessed damaging levels of violence in the last year ($p<0.001$),
- Have poor school attendance ($p<0.001$),
- Be involved with truancy ($p<0.001$),
- Have been 'temporarily excluded' from school ($p=0.007$).

These children were less likely than children looked after away from home to:

- Have a learning disability ($p=0.017$),
- Have a physical disability ($p=0.037$),
- Have been looked after for more than three years ($p=0.001$).

(Welch & Lerpiniere, 2014, pp. xi-xii)

Whilst these case audits did not examine factors such as reasons for entering care or parental substance use, the analysis does provide useful information about the similarities and differences between children on home supervision orders and other looked after children. In particular, we draw attention to the list of

similarities which suggest their needs are as acute as other looked after children, along with the fact that this study identified great problems with exposure to violence and school difficulties for this group.

The Delphi study showed that when expert participants were asked about children looked after at home:

There was less consensus about prevalence among children/young people looked after at home, with fewer people willing to give (qualitative) estimates; where estimates were provided they were mixed: 'the same as those looked after in care', 'less than those looked after in care' (Lerpiniere et al., 2013, p. 36).

It is particularly interesting as it suggests that participants were less knowledgeable about the needs and experiences of children looked after at home. Despite this, some participants did identify some potential additional risks for children looked after at home. These included:

- *Being less visible to services because of poor school engagement,*
- *'Going missing' being taken less seriously by their parents,*
- *Their parents' compromised ability to keep them safe,*
- *Potentially greater exposure to inappropriate adults,*
- *Less contact with professionals able to recognise and protect them from exploitation.*

(Lerpiniere et al., 2013, p. 42 & 54).

Examples of comments by expert participants in the Delphi study included:

By definition of being subject to compulsory measures of care at home, the child will be in a vulnerable situation, usually linked to parental problems which will expose the child to hazards. If their situation has become safe and stable they shouldn't be on supervision (Lerpiniere et al., 2013, p. 42).

[those looked after away from home] have professionals trained in sexual exploitation including internet abuse working with them, who should be able to identify the signs and offer interventions, whereas for those living at home these may go unnoticed (Lerpiniere et al., 2013, p. 54).

Another recent study also include some reference to care leavers who had previously been supervised at home. This study was a national study of local authority provision of throughcare and aftercare services (K. McGhee et al., 2014). The study used mixed methods including a national survey which received responses from 26 of the 32 Scottish local authorities, and interviews conducted with representatives of throughcare services in local authorities. In total, 27 authorities took part in the study (84% of all those in Scotland).

The study found that:

Some local authorities offer support to all eligible young people, whether they have been looked after at home or away from home. Other local authorities prioritise young people placed in residential care, foster care or external placements and do not offer services to young people looked after at home, regardless of need or vulnerability (K. McGhee et al., 2014, p. 8).

The authors suggest that this was primarily linked to resource issues, services had to be rationed and decisions about who would be 'eligible' for services were made based upon local interpretations of legislation and duty (K. McGhee et al., 2014, p. 9). One participant in the study commented:

Like many other authorities that I am aware of, we do not normally provide support to young people who have only been looked after at home and who are numerically a far larger group. This is purely a resource [and] staffing issue – given that our duties to young people who have been looked after & accommodated are greater and occupy all of our time. This does not necessarily imply that young people who were looked after at home have lesser needs – the opposite is often the case! (K. McGhee et al., 2014, pp. 26-27).

It is interesting to consider this participant's use of the term 'only' (line two) and the implication that there are greater 'duties' to others (which the study authors dispute). This participant seems very aware of the fact that this group of young people is effectively excluded from services despite their needs being the same as those who are included, and yet they are still excluded. The belief that care leavers who had been supervised at home were not eligible for throughcare and aftercare services was so strong in some areas that statistical returns were made on this basis, incidentally inflating the proportion of eligible care leavers who received a service (K. McGhee et al., 2014, p. 44).

Other authorities provided a different or reduced-level service, typically through signposting or providing services to meet the assessed needs of care leavers from home supervision who identified themselves and requested support (K. McGhee et al., 2014, p. 27).

McGhee et al. also suggest that practical and cultural issues may play a role in who is provided with, and who accesses services. For example, care leavers from residential care may have greater expectation of continued support than those who have been supervised at home (K. McGhee et al., 2014, p. 23) and those on home supervision were less likely to be provided with information about throughcare and aftercare services (p. 27).

A number of publications have focused specifically on the educational outcomes of looked after children and include reference to children on home supervision. This includes official statistics produced by Scottish Government (most recently Scottish Government, 2014b) and a recent briefing from the initial stages of an action research programme studying educational outcomes for looked after children within several school clusters (Hennessy, Connelly, & Welch, 2014).

The most recent national data on the educational outcomes of looked after children (Scottish Government, 2014b) indicates that looked after children are considerably more likely to leave school at age 16 or under (79%) compared to the general population of children (30%), and with levels of attainment that, despite general improvement for all children, continue to lag substantially behind that of the general population of school leavers.

Levels of attainment for school leavers who are or were looked after at home are particularly poor; see Table 2 below, reproduced from (Scottish Government, 2014b, p. 6). The highest levels of attainment for all looked after groups were achieved by children and young people in foster placements (average tariff score of 206 in 2012/13); however, even this is only half the level of attainment achieved by the general population of school leavers, who have an average tariff score of 407. Low levels of attainment are related

to a number of issues, including the fact that a large number of looked after young people leave school before they have the opportunity to sit formal exams.

Table 2: Average tariff scores of looked after children who spent the whole of the academic year in a single placement and who left school during that year, by the accommodation type of that placement 2009/10 to 2012/13 (1),(2) Average tariff score (Source, Scottish Government, 2014, p. 6)

	2009/10	2010/11	2011/12	2012/13
In the community:				
At home with parents	*	35	40	43
With friends/relatives	87	*	164	118
With foster carers provided by LA	160	176	199	206
With foster carers purchased by LA	103	145	147	184
In other community(3)	*	-	*	*
Residential accommodation:				
In local authority home	66	49	82	88
In voluntary home	100	*	90	*
In other residential(4)	53	79	*	50
Average tariff score	68	86	116	116
Number of young people (full year)				
Total number	395	370	310	335
(1) Cells containing * represent small numbers that have been suppressed to maintain confidentiality.				
(2) Average tariff score for children looked after only for part of 2012/13 was 66.				
(3) Includes 'with prospective adopters'.				
(4) Includes 'in residential school', 'in secure care accommodation', and 'crisis care'.				

Rates of attendance are a particular concern for children and young people who are looked after at home; as a group, they have the poorest attendance at school of all looked after children (82% for looked after at home compared to 91% for all looked after children and national population average attendance of 94%).

Hennessy et al. (2014) explored factors which contribute to low educational engagement and attainment for children and young people looked after at home; their briefing provides clear examples of areas where efforts may improve engagement and attainment for this group of children. In particular, 'low attendance of children looked after at home was seen as a priority for action by schools and management' (Hennessy et al., 2014, p. 3). Participants in the study suggested that reasons for poor attendance at school included a difficult home environment and negative parental attitudes towards education. Other issues impacting on attendance for older children included 'distractions, embarrassment over their appearance, and the necessity [of being] a young carer' (Hennessy et al., 2014, p. 7).

Schools typically found it difficult to engage parents in their child's learning (where they were looked after at home). The exception to this was early years centres where staff engaged with parents on a daily basis; this frequent, positive contact did not continue following the transition to primary school.

Other systemic problems included: lack of awareness amongst the schools' designated managers for looked after children and young people of their responsibilities towards this group of children and young people; low expectations among staff (teachers) of children and young people looked after at home, which were

perpetuated by national data about outcomes for children and young people looked after at home; and difficulties in securing appropriate support for children and young people looked after at home in terms of additional support needs, especially if children were moving 'out of authority'.

A further significant problem was noted suggesting that when working in multi-agency teams there were ambiguities over roles and no single agency was accountable for the needs of looked after children (Hennessy et al., 2014, p. 11).

To address some of these problems, participants had suggested it would be useful to engage parents more fully in their child's learning, and encourage parents to understand the importance of education. Building resilience via the identification and development of skills, and promotion of self-esteem, was another means through which schools aimed to improve the engagement and attainment of children and young people looked after at home (Hennessy et al., 2014).

The last document we discuss in this section is a short briefing related to home supervision requirements (Gadda & Fitzpatrick, 2012). This document explains the meaning of home supervision and provides key messages from the research. The briefing suggests that whilst there has been a significant amount of research about looked after children in general and about other specific placement types, there has been very little research which has focused on children placed at home. The briefing covers key findings from Murray's study, McClung's study and Gadda's study; it also draws attention to an as yet unpublished doctoral study which examines young people's experiences of home supervision in the context of their education (Fitzpatrick, Currently unpublished).

The study involves a series of in-depth interviews with 23 young people in three Scottish local authorities. Preliminary findings are noted in the briefing (Gadda & Fitzpatrick, 2012, p. 6). The study suggests that young people frequently do not fully understand the purposes of home supervision and are not engaged in decision-making. Despite this, they do value aspects of the support that they receive. In terms of educational support they value informal mentoring and coaching and the active involvement of important adults such as parents, siblings, social workers and teachers. Early findings also suggest that stability of family and professional relationships is important to young people's success but that frequently stability is not available to young people on home supervision (Gadda & Fitzpatrick, 2012, p. 6).

The briefing suggests that despite similar needs, children subject to home supervision are not apportioned an 'equal allocation of resources' compared with peers who are looked after away from home (Gadda & Fitzpatrick, 2012, p. 9). The authors of the briefing stress the need for consistent, sensitive contact between social workers and families to allow trusting relationships to be developed. However, they argue that resource restraints and high levels of staff turnover mitigate against this (Gadda & Fitzpatrick, 2012, p. 9).

3f) Summary of Section A

This section has identified four studies that have a main or significant focus on children or young people looked after at home. These studies vary in their size and intent. In addition, we have included a small number of studies which focus on other areas, but provide some relevant information about children looked after at home. Finally, we identified a briefing about home supervision which, among other things, reports some emerging findings from an unpublished study.

These studies are in agreement that children and young people looked after at home have support needs which are as significant as other looked after children. In some ways children looked after at home are seen as being especially vulnerable (eg less visible, less supported, less knowledgeable) and facing particular challenges. These children and their families have difficulties which are multiple, complex and enduring. It seems that children and young people looked after at home have often experienced: abuse and neglect including sexual abuse; parental substance misuse; domestic violence; poverty and financial difficulties; housing problems; family unemployment; mental ill health (parents and/or children); suicidality; lone parents; lack of stability; larger family size; poor physical health; parental or child offending; problems at school and/or long term involvement with social care.

There is some evidence to suggest that these difficulties may be different for different subgroups; for example, there are different patterns of grounds for referral, use of home supervision and re-referral for girls and boys and for children of different ages or different age at entry to the system.

Despite their multiple difficulties, the evidence suggests that there is a systematic tendency to minimise the difficulties of this group. Their needs often go partly or fully unaddressed and these children can be actively or passively excluded from services which might otherwise be beneficial. Children on home supervision fare worse in regard to contact and support from a social worker, and having an up-to-date care plan and reviews. Practice is variable, with some children receiving a better service than others. This can depend on factors unlinked to their needs, such as the availability of resources. There is also evidence that partner agencies do not work together effectively to address poor outcomes for these children and that little effort is made to address or compensate for their earlier experiences or for ongoing difficult home circumstances.

Children and young people looked after at home have poorer educational outcomes than other groups, including those looked after away from home. Children and young people on home supervision often are not properly engaged in decision-making, do not understand the purpose of supervision and may simultaneously resist compulsion whilst welcoming some aspects of services delivered. Home supervision may last for a large proportion of their childhood, and many children will receive further referrals to the Reporter, either on grounds related to their care or to their own behaviour.

There is some evidence to suggest that home supervision can be a positive intervention for some young people; however, this seems matched by evidence suggesting there is little effect or that the intervention may be inappropriate for some groups of children. There are many significant gaps in our knowledge. We find little evidence of work which considers or compares different groups within looked after children; for example, we find little or no research which focuses on disabled children who are supervised at home, babies or young children supervised at home, or the health and wellbeing of children looked after at home. Equally, we find little research about these children and young people's experience of engagement, either with service provision or with decision-making. There are also significant gaps in knowledge about what types of service and support works to improve these children and young people's daily experiences and their short-term and long-term outcomes.

We now move on to consider briefly the experiences and outcomes of children who share some similarities with children looked after at home.

4) Findings: Section B

4a) Rationale for this section

We agree with McClung and Gayle's statement below; indeed, this is the very reason for this study:

An emerging feature of the empirical data is that being looked after at home is a distinctive experience... We strongly recommend that in future researchers take care to recognise that this is a distinctive group of children in care.

(McClung & Gayle, 2013, p. 60)

Whilst research on this group is scant, we do know some of the characteristics and experiences of children on home supervision and this enables us to explore how the experiences and outcomes of this distinct group may compare to those of groups who have been studied more widely. This section therefore explores the outcomes of groups of children who share certain experiences with children and young people looked after at home. In this way we hope to identify outcomes which might be expected to be shared with some children on home supervision. The groups chosen to be considered here are informed by features identified in Section A.

The literature related to these groups could be extensive, so we restrict our attention to literature which directly addresses outcomes; for example, we generally exclude sources which have a core focus on predictors or causes (eg parental risk factors, family characteristics, etc), or on responses (eg interventions or services provided). We do however include limited information about these issues where they appear to have particular relevance to children on home supervision. Where recent high-quality literature reviews are available for the groups of children below, we have drawn on these as well as empirical studies in order to promote the breadth of coverage.

We restrict our considerations to eight groups; five groups are those who share an experience which is common for children on home supervision. These groups are:

- Children described as experiencing multiple adversities or trauma
- Children of parents that misuse drugs and alcohol
- Children of parents with poor mental health
- Children in families where there is domestic violence
- Children in contact with youth justice systems

The three remaining groups are those that share an experience in respect of their involvement with looked after children's systems, these are:

- Children considered 'at risk' of care away from home
- Children in care
- Children returned to families following a period of care

Whilst each group shares something with children looked after at home, each group is also different from them in important ways; therefore, we cannot say with certainty that they are useful proxies. Also, it will be understood that these groups are not mutually exclusive; any particular child or young person on home supervision may fit into several of these groups or none. For example, their parents may misuse drugs and they may be involved with youth justice systems. It is likely that many experience several disadvantages and that the combination of experiences is itself damaging to their outcomes.

4b) Outcomes of children described as experiencing abuse, adversity or trauma

In a review of recent research, Gerson and Rappaport (2013) identify that individual children react differently to trauma; whilst some recover relatively quickly, others have ongoing problems, including the development of post-traumatic stress disorder (PTSD). These differences in the ability to recover from trauma may be due to pre-existing risk or resilience factors within the child as well as external environmental factors such as living conditions and the parent's health (Gerson & Rappaport, 2013, p. 138). Taking a neurodevelopmental approach, the authors suggest that there are periods in time when children may be particularly sensitive to traumatic stress due to the development of different areas of the brain:

The different neurologic effects that result produce the diverse outcomes of traumatic stress. Each affected brain area can lead to different symptoms. These include memory deficits, disinhibition of anxiety, and dissociation (hippocampus, cingulate, and prefrontal cortices); hyperarousal and aggressive behaviour (amygdala); deficits in integration of language and emotion (corpus callosum); and poor modulation of attention and emotional dysregulation (cerebellar vermis) (Gerson & Rappaport, 2013, p. 138).

The authors suggest that this constellation of effects is suggestive of a diagnosis of PTSD and go on to identify other symptoms, or outcomes which might typically be experienced, including nightmares, flashbacks, poor concentration, sleep disturbances, panic attacks and somatic (bodily) symptoms (Gerson & Rappaport, 2013, p. 139).

Taking a longer-term approach to outcomes, one study from America examined the long-term economic consequences of abuse and neglect in childhood (Currie & Widom, 2010). They found associations between child abuse and negative outcomes in educational attainment, employment, earnings and assets/wealth; these effects were particularly marked for females. Similarly, Davidson, Devaney, and Spratt (2010) conducted a review of research findings related to adult impacts of childhood adversity. In general terms the review identified that adversities had a negative impact on a range of outcomes including health (physical and mental), social functioning, offending, reliance on health and other services, poverty and societal economic impacts (Davidson et al., 2010, pp. 373-377). The authors noted that the literature was highly specific, in that there was most often a restricted focus on certain types of adversity (typically abuse and neglect), certain named groups or certain sections of the community; this specificity was compounded further by the consideration of a limited range of outcomes. As a result, the authors suggest that an incomplete picture may result with wider wellbeing and experience being unidentified (Davidson et al.,

2010, p. 384). The authors also draw attention to research on resilience, feeling that this offers important information about how children experiencing adversity might be better supported (Davidson et al., 2010).

4c) Outcomes of children of parents that misuse drugs and alcohol

Forrester and Harwin (2008) report findings from a study in four London Boroughs involving file reviews at two years apart of 186 families where there was concern about parental drug or alcohol misuse. The study rated welfare outcomes for these children based on emotional, behavioural, health and educational development. At the follow-up assessment, 47% of children were found to have no unresolved problems, 31% had continuing problems and 22% had problems across more areas than at the start of the study. Certain factors were found which increased the chances of the child or young person having poor welfare outcomes; of particular relevance is the fact that those children who remained at home were at greater risk than those who were removed from the family. Other factors which increased the risk of poor outcomes included being male, the presence of domestic violence and the presence of parental alcohol misuse. The authors draw attention to the fact that attention needs to be paid to improving outcomes for children who remain at home (Forrester & Harwin, 2008).

In an earlier paper, Forrester and Harwin (2006) had analysed case files for 290 children being allocated to social workers in four London boroughs. They found that in 100 of these cases parents had significant substance misuse issues and that these cases tended to be 'at the heavy end' of all cases. In many cases children were placed on the child protection register and in others care proceedings were initiated. Children in substance-misusing families were seen as having a range of other vulnerabilities: they tended to be younger than other children referred, were exposed to a greater range of hardships and their affected parent had more complex problems (Forrester & Harwin, 2006).

In a separate experimental study, Forrester, McCambridge, Waissbein, and Rollnick (2008) examined the typical response styles of child and family social workers working with parents who misuse substances. They suggest that when working with this group, social workers tend to use aggressive and confrontational styles and lack the skill required to work effectively with them.

In a more recent study Forrester, Holland, Williams, and Copello (2014) compared a group of families who received an intensive support service to a similar group who had not received the service. They found that sometime later (after an average period of 5.6 years) there were positive impacts on a number of parent and family outcomes including reduced substance misuse, reduced numbers in care and better family cohesiveness. However, they were unable to detect any significant difference in child behavioural and emotional outcomes. Despite this they conclude that there is sufficient evidence to suggest that high-quality family support is beneficial (Forrester et al., 2014).

In analysing data from a study of support for families where there is substance misuse in Wales, O'Connor, Forrester, Holland, and Williams (2014) note the complex interrelation between child and adult outcomes. They suggest that this is due to relational and attachment issues and that it is unhelpful for services to

focus solely on the needs of the child or the needs of the adult. Instead, careful and potentially long-term work is required that acknowledges and supports the relationship between parent and child.

Finally, we note a paper by Robertson and Haight (2012). These authors write within the Scottish context and highlight that devolution has allowed the development of a range of different policy and service models for families where there is substance misuse. They suggest that it is important to focus on these models, not only to understand the situation in Scotland, but also to understand how lessons learned can be shared more widely (Robertson & Haight, 2012).

4d) Outcomes of children of parents with poor mental health

A recent study in the US examined findings from a large 'state-wide' survey of families involved with social care (Rodriguez-JenKins & Marcenko, 2014). It found that a high proportion (over 50%) of parents had significant mental health problems, in particular depression (46%). This was as true for families where children remained at home as for those whose children were removed. Parents with children at home had particularly high rates of parenting stress. These families were exposed to a number of hardships including lack of access to secure housing and good quality food. For families with a child at home, issues such as food insecurity, child mental ill health, parent mental ill health, older parental age, ethnicity (greater for White) and family size were all associated with parenting stress (Rodriguez-JenKins & Marcenko, 2014, p. 23).

Östman and Hansson (2002, p. 245) in a three-cohort Swedish study, noted that 28% of severely mentally ill people admitted to hospital were parents of minor children. The proportion was highest (35%) for the most recent cohort. Women admitted were more likely than men to be the main carer and were more likely than men to have custody of their child where couples were separated. Over the two-year study the number of intact families reduced as more children were removed. The authors suggest that children in these families had significant support needs related to their parent's illness. These needs were not met in around half of the families studied (Östman & Hansson, 2002, p. 246). In families where there was a well parent, this parent frequently had to give up work which caused a range of additional stresses and greater financial burden for the family.

4e) Outcomes of children in families where there is domestic abuse

A review of literature concerning the impact of exposure to domestic violence was conducted by researchers in Ireland (S. Holt, Buckley, & Whelan, 2008). The review included material from 1995 to 2006 and focused on outcomes in four domains: child development, experience of abuse, parenting capacity and additional problems. The authors conclude that exposure to domestic violence in childhood results in a number of negative experiences and poor outcomes later in life. These include increased risk of abuse (emotional, physical and sexual), a greater likelihood of developing emotional or behavioural problems and a greater chance of experiencing a range of adversities. The authors note that these relationships are not deterministic and that different children react in different ways. They note that the presence of one positive strong relationship helped to reduce the wider impact of domestic violence on the child (S. Holt et al., 2008).

Another study in 2008 used a meta-analytic approach to draw together results from 60 studies to investigate the relationship between exposure to domestic violence and internalising (eg anxiety, depression) and externalising (eg violence and challenging behaviour) symptoms (Evans, Davies, & DiLillo, 2008). Together the results showed that a moderate effect on both types of symptoms did result from exposure to domestic violence. Subgroup analysis showed that the effect on boys and girls was somewhat different, such that boys were more likely than girls to exhibit externalising symptoms (Evans et al., 2008).

Some studies have also shown that exposure to violence in early life predisposes individuals towards re-victimisation in adult life. In one study from Thailand, participants who were exposed to domestic violence and physical violence as a child were between four and 20 times more likely to experience partner violence as an adult (Jirapramukpitak, Harpham, & Prince, 2011). The greater the amount of violence experienced as a child, the greater the risk of being a victim of violence as an adult. Whilst there are clear differences between Thai and UK contexts, these results may hold some relevance.

4f) Outcomes of children in contact with the youth justice systems

There is little evidence on wider outcomes of children involved with justice systems. It appears that most research is generally restricted to the outcome of recidivism (further offending); often this is in the form of evaluation studies which examine the relative risk of recidivism for groups involved in different service models. A small number of studies identify other outcomes. This includes a study from the USA which looked at long-term consequences of different types of youth offending; they found wider factors associated with ongoing contact with justice systems such as substance use and addiction, violent behaviour and difficulties with partner relationships (Brook, Lee, Finch, Brown, & Brook, 2013). A large cohort study in Finland found that early offending (boys aged eight who steal) were more likely to experience a range of negative outcomes in adulthood; these included drug and alcohol misuse, personality disorders, offending and suicidality (Sourander et al., 2012). These effects were especially pronounced for boys whose stealing was associated with the use of aggression.

Children in contact with youth justice are also at risk of becoming labelled and stigmatised (McAra & McVie, 2010). These authors suggest that involvement is related to various vulnerabilities and exposures but that the identification of those at risk and provision of support may itself be stigmatising. In this context the unique features of the Scottish system are discussed and thought helpful since they have the potential to avoid criminalising young people. However, writers such as Cleland and Tisdall (2005) point to the fact that recent changes have enabled the extension of Antisocial Behaviour Orders to children and brought-in Parenting Orders for parents; they suggest that these interventions divert from a focus on welfare to one of behaviour and compliance. Differences between the Scottish system and that in England and Ireland are also noted by Arthur (2010) who emphasises the fact that the Scottish system should take account of multi-disciplinary assessments of wellbeing and need, as happens in England and Ireland. Similarly, despite the potential of the Scottish system to be more supportive, McAra and McVie (2010) conclude that many young people in Scotland continue to be let down by the system and McDiarmid (2005) notes 'an increasingly putative political climate' which challenge the principles introduced by the Kilbrandon Report.

4g) Outcomes of children considered ‘at risk’ of being removed from their families

In a description of a therapeutic service for young people on ‘the edge of care’ and their families, Witkon (2012) identifies a number of negative behavioural outcomes (eg extreme risk-taking). The author suggests that behaviour can be traced back to problems that the child is facing, including those caused by unresolved trauma passed from generation to generation:

Parents had frequently suffered traumatic childhood experiences of deprivation, neglect or abuse. These appeared to have left them with emotional wounds that had not been addressed. These unresolved issues were then re-enacted unconsciously in the relationship with the son or daughter, particularly around periods of transition.
(Witkon, 2012, p. 161)

Applying a psychoanalytic approach, the service supported the young person, their family and other professionals working with them (eg schools and social care) (Witkon, 2012, p. 156). The author comments on how wider services are often driven by crisis work in ways which are ultimately unhelpful. The approach taken by this service was found to be largely successful in avoiding removal of young people from the family home.

Other approaches to working with families of children at risk of being taken into care are also addressed in the literature; this includes approaches that place a greater emphasis on relationship-based social work (Mason, 2012) and ‘think family’ approaches (Thoburn, Cooper, Brandon, & Connolly, 2013). The latter study suggested that outcomes for children can be improved in three-quarters of families, and that helpful elements of the service included taking a relationship-based approach, flexibility in terms of duration and service model, allocation of separate key workers for child and parents, and the location of the service within mainstream social work provision (Thoburn et al., 2013). In addition, attention is paid to the complex role of courts and legal representatives, and the tensions that can result from this (Harwin & Ryan, 2007; K. Holt, Broadhurst, Doherty, & Kelly, 2013).

4h) Outcomes of looked after children who are removed from their families

In a recent review of literature exploring the impact of care on children in England and Wales who were removed from their families, Forrester, Goodman, Cocker, Binnie, and Jensch (2009) identify a significant lack of research. They include 12 studies in their review and suggest that these consistently show that care, as an intervention, had a beneficial effect for children such that, although children in care did experience a range of poor outcomes, these tended to be reduced over time in their placement. The authors suggest that this finding has important implications for policy, saying that it is ill-conceived to attempt to reduce the use of care since children remaining at home may be at greater risk of serious harm (Forrester et al., 2009). Elsewhere, Forrester (2008) argues that care is a helpful intervention and should be reframed as a positive form of support alongside families, rather than focusing on care as being an alternative to the birth family.

A 'correlates study' of literature was conducted by Jones et al. (2011). Most of the 96 studies included empirical work, including 66 cohort studies and eight randomised control trials. The review maps the range of different outcomes, interventions, risk and protective factors. A wide range of different outcomes were identified in the literature (Jones et al., 2011, p. 615). Outcomes considered include readiness for independent living, physical health, mental health / wellbeing, attachment difficulties, behavioural difficulties, sexual activity, placement stability and moves, risk taking behaviour, crime, achievement, and employment (Jones et al., 2011, pp. 616-617). It is found that for each of these outcome areas, looked after children tend to have worse outcomes than their non-looked after peers. It will be noted that although each may be considered an outcome, these factors may also act as predisposing factors for other outcomes. The mapping process suggests that three factors had particular importance for outcomes: age at entry to care (with older children faring worse), behavioural difficulties and number of placement moves. Placement stability was found to help protect against the influence of other factors (Jones et al., 2011, p. 19).

The authors draw attention to a number of interventions and modifiable factors which have potential to improve outcomes or reduce negative impact. These include placement type and quality, age of placement (when a child needs to be removed this should be done as early as possible) and provision of additional services such as those that offer transitions support, adult mentoring, skills for independence, shared parenting or concurrency planning (Jones et al., 2011, pp. 619-620).

Wigley, Preston-Shoot, McMurray, and Connolly (2012) conducted a study of child development outcomes over time. The children in their sample were involved with social care, either as looked after children or those considered 'at risk' of becoming looked after. Outcomes were measured using a number of standard instruments as well as the impressions of social workers and carers (Wigley et al., 2012, pp. 575-576). The study found poor outcomes across a number of areas including education (attendance, attainment, engagement, etc), placement stability (high staff turnover, inappropriate use of emergency placements, mixing children with conflicting needs etc), loss of family relationships, feelings of powerlessness and emotional outcomes:

Young people highlighted various emotional health issues, including feeling nervous, anxious and scared, which sometimes manifested in disturbed and disturbing behaviours, ranging through anti-social behaviour, alcohol or drug misuse (15 of the sample, 29%), underage sexual activity and self-harm (Wigley et al., 2012, p. 580).

The study highlights the need for greater attention to prevention and more effective multiagency work with families when problems first emerge (Wigley et al., 2012, p. 585). The same authors argue elsewhere that there is a danger that the current emphasis on tangible outcomes, including educational attainment, narrows what can be seen as success and focuses intervention away from other important areas (McMurray, Connolly, Preston-Shoot, & Wigley, 2011). They suggest that wider developmental outcomes such as identity formation are equally important, although they highlight that these may be more difficult to measure.

Several authors point out a lack of knowledge about what children and young people feel about their experiences and outcomes in care; this is especially true for younger children. Winter (2010) found that children in a sample of four- to seven-year-olds removed from their families held developed views about

their circumstances. Poor outcomes for these children included those associated with immediate experience such as loss, guilt and a feeling that they were not being listened to.

One recent study examined children's views of coming into care (OFSTED, 2011). These children were from English cities and were either in care or care leavers. They were variously asked to participate in voting sessions (n=122) and in discussion groups (n=110). Whilst the focus of these sessions was not specifically on outcomes, some findings are discussed here as they resonate with some of the findings previously considered. For example, it was found that 29% of children were unsure or did not know why they had come into care and 43% felt they would not have needed to come into care if more and earlier support had been provided to their birth families (OFSTED, 2011, p. 6). Children identified a number of things related to family support that would have been helpful including help with specific problems, financial help and someone to listen to them. They mentioned similar issues when considering the support they would need if they returned home. Forty-seven percent of children felt it was right that they were currently in care, a further 11% were unsure and 42% felt it was wrong. Some children felt that decisions about whether or not children would return home were not related to the child's best interest but to financial issues such as saving the costs of placement. Many children felt that they should never return to their family (28%) or that this should only happen when they were much older (15%). If children did return, it was felt that this should be done very gradually and that they should be sure that 'parents really want them' (OFSTED, 2011, p. 15) because going in and out of care was unhelpful.

4i) Outcomes of children returned to their families following a period of care

One earlier American study of children returning home from foster care measured their outcomes in three domains (Taussig, Clyman, & Landsverk, 2001). Areas covered included 'delinquency', substance use, self-destructive behaviour, dropping out of school, school grades, pregnancy and both internalising and externalising behavioural problems. Compared to peers who remained in foster care those who returned to their parents were more likely to:

- Have more risky and self-destructive behaviour,
- Have been arrested,
- Use substances,
- Have lower grades,
- Drop out of school,
- Have more internalising symptoms and behavioural challenges.

Differences were not found in terms of delinquency, pregnancy, or sexual behaviours. (Taussig et al., 2001, pp. 4-5). The authors call for more intensive support both before and after reunification.

Biehal (2007) conducted a broad review of literature related to reunification. The review considers factors associated with return (timing, duration in care, contact with family, etc) as well as outcomes of reunification. In terms of re-entry to care, the review finds UK studies which suggest between a third and a half of children reunited with birth families experience re-admission to care with rates in the USA of 19-24%. In terms of further abuse, the review finds that up to a third of children returned home are likely to

experience further neglect or abuse. The risk of re-abuse may be greater for young children, who may also suffer other negative outcomes such as failure to thrive, impaired development, emotional problems or poor growth (Biehal, 2007, p. 817). In terms of other outcomes, the review found some limited evidence suggesting these children have poor emotional and behavioural and educational outcomes compared to those who remain in care.

Broadhurst and Pendleton (2007) report a small exploratory study of families where a child has been returned 'home on trial' whilst remaining subject to a care order in one local authority in England. This study consisted of reviews of social work case files and interviews with practitioners and parents. The study examines outcomes related to stability for these children. The authors identify two subgroups of children. The first group was those who return home relatively quickly after being removed (within a few weeks) these children's reunification outcomes were successful and children found permanence at home when compared to children whose return home took longer, the latter experienced poorer permanence outcomes, with periods of re-entry to care, subsequent returns and ultimately less chance of successful reunification (Broadhurst & Pendleton, 2007, p. 386). The authors draw attention to the concept of 'drift at home'; the concept of drift is more typically associated with children removed from home awaiting a decision about their future. Broadhurst and Pendleton (2007) argue that it can also be applied to children who live at home 'on trial' with little certainty about their long-term care (Broadhurst & Pendleton, 2007, p. 381 & 388)

Farmer and Lutman (2014) report a study of 138 children returned to their families after periods of care due to neglect. The study was based across seven English local authorities and followed these children's case files over a period of five years post-return. Two-thirds of the reunifications broke down. The authors also found that services made errors on the effective follow-up of these children. Files examined in this study suggest that little attention was given to monitoring children's development and that social workers found parents difficult to engage. As a result, parents were given repeated opportunities to change and children continued to suffer abuse and neglect.

In a separate two-year study of 180 children in six English local authorities, Farmer (2014) finds that many children returned to families whose drug and alcohol misuse had not been resolved. Many of these children suffered from maltreatment after return and some were repeatedly removed and returned to their families where they experienced further episodes of maltreatment. This had serious consequences for long-term welfare and outcomes. The author concludes:

Overall, these findings suggest that children are paying a high price for our neglect of reunification practice and policy. What will it take for this to change? (Farmer, 2014, p. 363).

A different perspective is provided by a small study of parent views of the impact of care and reunification on their young child (Malet et al., 2010). The experience of these families varied, but some felt that being in care had had negative outcomes for their child. Some suggested that children found separation traumatic and that this resulted in developmental impacts, or difficulties forming relationships with the birth family or extended family (Malet et al., 2010).

4j) Summary of Section B

A host of poor and negative outcomes are mentioned by the studies in this section; there is significant overlap in these outcomes for each of the groups considered. The literature presented in Section A locates children looked after at home at increased risk of being in the groups covered here. Consolidating the various outcomes, therefore, provides an extensive list of likely *potential outcomes* which we might expect to be prevalent among children on home supervision. These are presented in the following Figure, clustered into outcomes which might be experienced as a child and longer-term outcomes which might be



experienced as an adult:

Figure 1: Poor outcomes which might be expected to be prevalent for children looked after at home

As well as identifying a range of outcomes which might apply to children looked after at home, the literature reviewed in Section B introduces a number of issues which are worthy of brief consideration because of their direct or potential applicability to children on home supervision.

- Literature related to children in care noted that outcomes tended to improve the longer children were away from their family.

- Literature related to reunification introduced the concept of 'drift at home', whereby children continue to live in families where problems persist but where these are neither successfully addressed nor are the children removed.
- Literature related to substance use suggested that children are at greater risk if they remain with their birth family than if they are removed to care.
- Literature related to domestic violence noted the protective effect of a child or young person having at least one good close relationship.
- Literature related to parental drug and alcohol use highlights the need to consider both parents and children's needs when working with families.
- Literature related to children at risk of care noted that service responses tended to be superficial and failed to address the root of problems within families.

5) Conclusions: Getting it right for children and young people looked after at home?

Children and young people looked after at home represent a large proportion of all looked after children in Scotland and placing children on home supervision represents a significant investment of resource. However, there is very little original research which describes their experiences, needs or outcomes. This research is reviewed in Section A of this report. It suggests that children and care leavers looked after at home have needs which are proportionate to other looked after children and outcomes which may be worse than many other looked after children. Section B of this report explores the outcomes of groups with shared characteristics and highlights a further range of poor outcomes which we might expect to apply to children looked after at home.

Taken together, the literature suggests that despite their equivalent status in policy, children, young people and care leavers looked after at home are marginalised. Marginalisation is seen in the fact that care leavers who have been looked after at home are often functionally excluded from throughcare and aftercare services despite a clear legal duty for this provision (K. McGhee et al., 2014); it is represented by the absence of care plans or the failure to undertake visits within statutory limits (Gadda, 2012; Murray et al., 2002a); it is shown in the lack of clarity around the purpose of individual home supervision requirements (Gadda, 2012; Murray et al., 2002a); and it is reflected in the fact that children on home supervision are not provided with the same support for learning received by those looked after away from home (McClung & Gayle, 2010).

Additionally, marginalisation is demonstrated by the remarkable lack of research related to this group. Home supervision has existed for four decades, yet only four original studies have substantially focused on this group. This lack of evidence inevitably has an impact on policy and practice, one demonstration of this was the expert participants' greater levels of hesitancy when talking about the sexual exploitation of children looked after at home (Lerpiniere et al., 2013).

Perhaps most critically, marginalisation is seen in the system-wide tendency to minimise the needs of this group. It seems that professionals and decision-makers regard home supervision as something 'less' than full looked after status. Within the context of financial constraint it is perhaps unsurprising that greater attention is focused on children looked after away from home where purposes of intervention are often clearer and where resource implications may be more immediate and difficult to ignore. However, this allows the continuation of sub-optimal support for children and young people looked after at home and their families. Individual voices have called for change, but this has been slow and is impeded by a number of factors, including the costs and complexities of addressing the challenges faced by these children, families and wider communities.

This report will be followed by two further reports, which describe the findings of the new research conducted as part of this study. These reports gather a variety of views and begin to identify and clarify the unique needs of children and young people looked after at home in Scotland as well as presenting information about the services and support currently offered to them.

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7) Appendices

7a) Appendix 1: Example search and output

Example of SCOPUS search terms used with corresponding output. Terms used:

(TITLE-ABS-KEY ('young person*' OR 'young people*' OR child* OR adoles* OR teenage* OR youth*) AND TITLE-ABS-KEY ('looked after' OR 'looked-after' OR 'in care' OR 'state care') AND TITLE-ABS-KEY ('supervised at home' OR 'supervision at home' OR 'home on trial' OR 'looked after at home' OR 'looked after in the community' OR 'looked after with birth parent*' OR 'supervision requirement*' OR 'supervision order' OR 'home supervision'))

This search did not restrict dates or subject areas. It returned nine unique records; these are cited below. It will be seen that some of these relate to particular medical issues and are therefore out of scope (records 1,2,6,&7) and one (record 8) is a law review (rather than research) which refers to the Children Act 1989. One paper (record 9) would have been potentially relevant to Section B of the review, but was published in 1979 and thereby excluded as it was considered unlikely to be of contemporary value. The remaining three papers (here highlighted in blue) were included in reading for Section A or Section B of the review. The list below is as presented by SCOPUS:

1. Khalifeh, H., Murgatroyd, C., Freeman, M., Johnson, S., Killaspy, H. Home treatment as an alternative to hospital admission for mothers in a mental health crisis: A qualitative study (2009) *Psychiatric Services*, 60 (5), pp. 634-639.
2. Vinther, B., Pedersen Chr., B., Elbrond, O. Otitis media in childhood. Sociomedical aspects with special reference to day-care conditions (1984) *Clinical Otolaryngology and Allied Sciences*, 9 (1), pp. 3-8.
3. McClung, M., Gayle, V. Exploring the care effects of multiple factors on the educational achievement of children looked after at home and away from home: An investigation of two Scottish local authorities (2010) *Child and Family Social Work*, 15 (4), pp. 409-431.
4. Broadhurst, K., Pendleton, T. Revisiting children 'home on trial' in the context of current concerns about the costs and effectiveness of the looked-after children system: Findings from an exploratory study (2007) *Child and Family Social Work*, 12 (4), pp. 380-389.
5. Murray, C. State intervention and vulnerable children: Implementation revisited (2006) *Journal of Social Policy*, 35 (2), pp. 211-227.
6. Connett, G.J., Connett, C.J., Quek, S.C., Lee, B.W. Day care and asthma morbidity (1994) *Journal of Paediatrics and Child Health*, 30 (3), pp. 257-259.
7. Floret, D. Epidemiology of infections in children's day care centres [Epidemiologie des infections en creche. Comparaison des differents modes de garde. Impact de la pression des antibiotiques sur la resistance bacterienne] (2000) *Medecine et Maladies Infectieuses*, 30 (Suppl. 3), pp. 215s-220s.
8. Children Act 1989 (No 41 of 1989), 16 November 1989. (1989) *Annual review of population law*, 16, p. 103.
9. Thoburn, J. "Good enough care"? A study of children who went home "on trial" (1979) *Child Abuse and Neglect*, 3 (1), pp. 73-80.

About CELCIS

CELCIS is the Centre for Excellence for Looked After Children in Scotland. Together with partners, we are working to improve the lives of all looked after children in Scotland. We do so by providing a focal point for the sharing of knowledge and the development of best practice, by providing a wide range of services to improve the skills of those working with looked after children, and by placing the interests of children at the heart of our work.

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